

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One: ☒ Initial ☐ Amendment (Explain) _____

Date Stamp JAN 6 2014	CALIFORNIA FORM 501
For Official Use Only	

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Delurgio, Jim	DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) ()	E-MAIL (optional) [REDACTED]
STREET ADDRESS [REDACTED]	CITY Redondo Beach	STATE CA	ZIP CODE 90277
OFFICE SOUGHT (POSITION TITLE) City Council	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN PARTY:
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: Torrance		2014 (Year of Election)	

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

(Year of Election) **Primary/general election** _____
(Year of Election) **Special/runoff election**

(Check one box)

☐ I **accept** the voluntary expenditure ceiling for the election stated above.

☐ I **do not accept** the voluntary expenditure ceiling for the election stated above.

Amendment:

☐ I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I **accept** the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that

Executed on January 6, 2014
(month, day, year)

Signature _____

